

Exhibits Referenced in the Declaration of Debra Kane

Part 3

SCHERING CORPORATION

RECEIVED

GALLOPING HILL ROAD

KENILWORTH, N.J. 07033

JUN 24 1996

CABLES: SCHERING KENILWORTH

TELEX: 138316

138280

TELEPHONE: (908) 298-4000

IDS AND CONTRACTS

CHARGEBACK AGREEMENT

CHARGEBACK AGREEMENT, dated as of July 1, 1996, by and among **SCHERING CORPORATION**, a New Jersey corporation having a place of business at 2000 Galloping Hill Road, Kenilworth, New Jersey 07033 ("Schering"), and ~~HMO~~ **Blue**, a Massachusetts not-for-profit corporation having a place of business at 260 Cochituate Road, Framingham, MA 01701 ("Healthcare Organization").

WITNESSETH:

Schering manufactures and sells pharmaceutical products and Healthcare Organization is a staff model HMO providing medical, pharmacy and formulary services to its patients; and

This Agreement sets forth the terms and conditions upon which Schering will permit Healthcare Organization to purchase Schering products at a discount if the conditions of this Agreement are satisfied;

NOW, THEREFORE, in consideration of the covenants and agreements set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. DEFINITIONS.

1 "Formulary" means a reference book for physicians and pharmacists of Healthcare Organization listing all of the drugs (including the Products) that Healthcare Organization encourages them to prescribe and dispense to Eligible Patients.

2 "Net Direct Price" of any Product shall mean the price of such Product published by Schering from time to time as its Net Direct Price for such Product.

3 "Prime Vendor" means the relevant wholesale distributor listed as the Prime Vendor for Healthcare Organization on the signature page of this Agreement, or such other wholesale distributor of the Products specified in writing in a notice to Schering by Healthcare Organization which has agreed to participate in Schering's Prime Vendors Program and which is eligible to participate in chargeback arrangements with Schering.

Defendants' Exhibit

2937

01-12257 - PBS

4 "Product Category" with respect to any Product means the category or grouping of pharmaceutical products identified as the "Product Category" for such Product on Exhibit A hereto.

5 "Products" means those Schering pharmaceutical products set forth on Exhibit A.

6 "Report" means a written report, in a format reasonably acceptable to Schering, setting forth the following information for each Product and each other product in each Product Category dispensed by Healthcare Organization grouped by product and Product Category:

- a. the National Drug Code number for each product dispensed;
- b. the brand name or description of each such product;
- c. the date such product was dispensed;
- d. the relevant prescription number;
- e. the physician number of the prescribing physician;
- f. the quantity of such product dispensed (e.g., the number of ounces, tablets, grams, etc.); and
- g. such other information as Schering shall reasonably request.

Each report shall also include a summary of utilization of the products in each Product Category which shall list, by Product Category and product, the name of each product, the National Drug Code of such product, the aggregate number of prescriptions written for each product, the aggregate number of units of each product dispensed and the utilization percentage of each product in each Product Category.

7 "Term" means the period commencing on July 1, 1996 and terminating on June 30, 1998 unless sooner terminated as provided by this Agreement.

2. OBLIGATIONS OF HEALTHCARE ORGANIZATION.

1 FORMULARY; UTILIZATION: Healthcare Organization agrees that at all times during the term of this Agreement, all of the Awarded Products shall be listed on the Formulary of Healthcare Organization, (ii) such Formulary shall be distributed by Healthcare Organization to all of its physicians and to all pharmacy departments at

all of Healthcare Organization's (iii) Healthcare Organization will implement Formulary compliance programs at its respective facilities (which may include co-pay incentives, written material, point-of-sale messages and other forms of communications to Healthcare Organization's physicians and pharmacists), (iv) Healthcare Organization shall not engage in any counterdetailing or disincentivizing efforts against any Products, and (v) Healthcare Organization shall promptly notify Schering and all of its physicians and pharmacists, of any additions or changes to the Formulary status of any of the Products and the addition of any new Schering products on the applicable Formulary. In the event and to the extent that discounts contained in Exhibit A are contingent upon exclusive formulary position, Healthcare Organization further agrees to purchase sufficient quantities of such Product to satisfy not less than ninety percent (90%) of Healthcare Organization's needs of products in the appropriate Product Category for each such Product (i.e., "achieve a 90% utilization rate" for such Products).

2 OWN USE: Healthcare Organization hereby represents and agrees that all Products purchased hereunder shall be solely for its "own use" as defined in Kaiser v. DeModena, 743 F2d 1388 (1984).

3 REPORTING: In the event and to the extent that discounts contained in Exhibit A are contingent upon market share performance, Healthcare Organization shall furnish to Schering within thirty (30) days after the end of each calendar quarter a Report for all Products, and all other products in each Product Category, used or dispensed during such quarter.

4 AUDIT: Healthcare Organization agrees to institute and conduct on a regular basis random audits of its physicians and facilities to ensure that actual dispensing of Products complies with the restrictions of Section 2.2 hereof. Adjustments as a result of such audits shall be refunded to Schering no later than thirty (30) days after completion of such audit. Healthcare Organization shall at all times keep and maintain accurate books, records and files with respect to its physicians and facilities (including name, address and telephone number), reports submitted to Schering, random audits under this Section, and all information (including information made available by or to physicians) relating to the prescribing, dispensing, sale, and reimbursement of the Products. Healthcare Organization agrees that Schering shall have the right to conduct inspections and/or audits of Healthcare Organization's books, records, and files from time to time, and that within ten (10) days following Healthcare Organization's receipt of written request from Schering, Healthcare Organization shall make such information (and such other information necessary to confirm such information) available in a manner satisfactory to Schering, for inspection and/or audit by Schering's representatives or its designated auditors during regular business hours. Schering agrees that any such inspections and/or

audits shall be subject to the requirements of state and federal law regarding the confidentiality of medical and prescription records.

5 EXCESS DISCOUNTS: If Schering reasonably determines as a result of an inspection and/or audit of Healthcare Organization its respective physicians and facilities, or any one or more of them, that all or any part of the discounts previously granted by Schering to Healthcare Organization is not required under this Agreement, then Healthcare Organization shall pay to Schering an amount equal to the excess discount granted hereunder to Schering within thirty (30) days of being notified of such excess discounts by Schering.

3. PRICES.

1 DISCOUNT: Schering hereby agrees that, subject to Healthcare Organization's satisfaction of the other terms and conditions of this Agreement, including without limitation the provisions of Section 2.1 hereof, and subject further to the provisions of Section 3.2 hereof, Healthcare Organization shall be entitled to purchase each of the Products at the price for such Product set forth on Exhibit A hereto. All such purchases by Healthcare Organization shall be made through the appropriate Prime Vendor and shall be subject to such terms as shall be agreed to or otherwise in effect between Healthcare Organization and Prime Vendor.

2 PRICE INCREASES: Anything to the contrary herein notwithstanding, Schering hereby reserves the right to increase the prices for the Products, or any one or more of them, not more often than once in each calendar year, or portion thereof, during the term of this Agreement, except that no increase shall exceed ~~six~~ percent (6%) over the then-current price.
5% or less *OK* FIVE *OK*

4. TERMINATION: This Agreement may be terminated by any party for any reason or without reason upon thirty (30) days prior written notice. This Agreement may also be terminated immediately by Schering upon written notice to Healthcare Organization: (a) if either Healthcare Organization commits a material breach of this Agreement which is not cured within ten (10) days after receipt of written notice of same from Schering, (b) in the event of the insolvency, dissolution, liquidation, receivership, bankruptcy or similar reorganization of Healthcare Organization whether voluntary or involuntary, or (c) the enactment of federal, state or local legislation, rules or regulations, or the issuance of an interpretation of existing legislation, rules or regulations, which, in the reasonable opinion of Schering, could have a material adverse impact on Schering and/or any of its affiliates (economic or otherwise) if the Agreement remained in effect unmodified. This Agreement may also be terminated immediately by Healthcare Organization upon written notice to Schering: (a) if Schering commits a material breach of this Agreement which is not cured within ten

(10) days after receipt of written notice of same from Healthcare Organization, (b) in the event of the insolvency, dissolution, liquidation, receivership, bankruptcy or similar reorganization of Schering, whether voluntary or involuntary, or (c) the enactment of federal, state or local legislation, rules or regulations, or the issuance of an interpretation of existing legislation, rules or regulations, which, in the reasonable opinion of Healthcare Organization could have a material adverse impact on Healthcare Organization and/or any of its respective affiliates (economic or otherwise) if the Agreement remained in effect unmodified. Upon any such termination, this Agreement shall terminate in its entirety with respect to all parties.

5. GENERAL PROVISIONS.

1 CONFIDENTIALITY: Healthcare Organization shall maintain the confidentiality of all of the terms and conditions of this Agreement throughout the duration hereof and for a period of five (5) years following the effective date of termination or expiration. This covenant shall survive the expiration or termination of this Agreement.

2 INDEMNIFICATION: Each party hereto ("Indemnifying Party") shall indemnify and hold harmless each other party, its affiliates, and its and their respective officers, directors, agents and employees from and against any and all liability, loss, proceeding, action, damage, cost or expense of any kind, including without limitation reasonable attorneys fees and expenses, arising out of or based upon the negligent or willful acts or omissions of the Indemnifying Party or its officers, directors, agents or employees.

3 NOTICES: Any notice required or permitted hereunder shall be sent to the addresses set forth on page 1 hereof to the attention of the signatories hereof, by either (a) certified mail, return receipt requested, postage prepaid, or (b) recognized overnight courier service. All notices shall be effective upon receipt.

4 COMPLIANCE WITH LAWS: Healthcare Organization shall comply with all applicable laws in connection with this Agreement, including without limitation the reporting requirements and applicable provisions of 42 U.S.C. 1320a-7b. Healthcare Organization represents and warrants that it is licensed as a health plan in each State where such licensure is required.

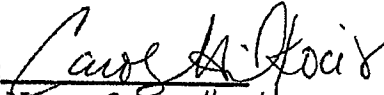
5 FORCE MAJEURE: Noncompliance with the obligations of this Agreement due to force majeure, laws or regulations of any government, war, civil commotion, destruction of production facilities and materials, fire, earthquake or storm, labor disturbances, shortage of materials, failure of public utilities or common

carriers, and any other causes beyond the reasonable control of the parties, shall not constitute breach of contract.


6 MISCELLANEOUS: No party shall have the right to assign this Agreement without the prior written consent of each non-assigning party. This Agreement shall enure to the benefit of the successors and permitted assigns of each party. This Agreement constitutes the entire Agreement between the parties relating to the subject matter hereof and supersedes all previous agreement between the parties relating to such subject matter. This Agreement may only be changed by a writing executed by the parties. **THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY APPLICABLE TO CONTRACTS MADE AND TO BE PERFORMED ENTIRELY WITHIN THAT STATE.** This Agreement shall not apply to Products purchased for use, sale or distribution outside of the continental United States, Alaska and Hawaii. Neither party may use any patented, trademarked, service-marked or copyrighted material or any trade name of the other party without prior written permission.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

SCHERING CORPORATION

By: 
Name: Cardyn Heint Koes
Title: Sr Mgr, Contracts Pricing

HMO Blue

By: 
Name: Gary J. Kerr
Title: Director of Pharmacy, HCD



260 Cochituate Road
Framingham, MA 01701-4608

TEL (508) 370-3040

**BLUE CROSS BLUE SHIELD MA HEALTH CENTER DIVISION
WHOLESALEERS**

James Brudnick Company
219 Medford Street
Malden, MA 02148
DEA # PJ 0115394
Phone: (617) 321-6800
Fax: (617) 397-9576
Contact: Scott Brody

Cardinal Health
11 Centennial Drive
P.O. Box 60411
Peabody, MA 01961-6041
DEA # PD 0025141
Phone: (508) 532-6900
Fax: (508) 532-6916
Contact: Joan Vaiknoras

PRIME VENDOR:

(Primary)

Name: _____

Address: _____

Telephone: _____

FAX: _____

(Secondary)

Name: _____

Address: _____

Telephone: _____

FAX: _____

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
<u>ALBUTEROL</u>				
PROVENTIL				
INHALER	0614-02	17G	18.95	BN
INHALER REFILL	0614-03	17G	18.95	BN
SYRUP	0315-02	473ML	29.57	AA
PROVENTIL TABLETS				
2MG	0252-02	100	32.99 ✓	AB
	0252-03	500	156.81 ✓	AB
4MG	0573-02	100	49.23	AB
	0573-03	500	234.16 ✓	AB
PROVENTIL REPETABS				
4MG	0431-02	100	55.30 ✓	
	0431-03	500	268.41 ✓	
	0431-04	U/D 100	69.25 ✓	
PROVENTIL SOL FOR INHALER				
0.5%	0208-02	20ML	14.13	AN
0.083% UNIT DOSE	0209-01	25 X 3ML	32.28 ✓	AN
<u>AUROTHIOGLUCOSE SUSPENSION</u>				
SOLGANAL SUSPENSION	0460-03	10ML	105.23 ✓	
<u>AZATADINE MALEATE, USP & PSEUDOPHERINE</u>				
OPTIMINE TABLETS	0282-03	100	79.37 ✓	
<u>AZATADINE MALEATE & PSEUDOPHEDRINE SULFATE</u>				
TRINALIN REPETABS	0703-04	100	83.08 ✓	
<u>BECLOMETHASONE DIPROPIONATE</u>				
** Pricing requires exclusive Formulary status				
✓ VANCENASE NASAL INHALER	0041-06	16.8G	2.95 **	
VANCENASE AQ PUMP	0259-02	25GM	16.80 **	BN ✓
VANCERIL INHALER	0736-04	16.8G	22.06 22.06 **	BN ✓
<u>BETAMETHASONE</u>				
CELESTONE				
PHOSPHATE INJ.	0879-05	5ML	13.78 ✓	AP
SOLUSPAN SUSP.	0566-05	5ML	17.63 ✓	

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
<u>BETAMETHASONE DIPROPIONATE (AUGMENTED)</u> * when available <i>CHK</i>				
DIPROLENE				
LOTION 0.05%	0962-01	30ML	23.15 ✓	
	0962-02	60ML	45.63 ✓	
OINT. 0.05%	0575-02	15G	20.18 ✓	
	<i>0575-05</i>	<i>50G</i>	<i>47.45</i> * <i>CHK</i>	
GEL 0.05%	0634-01	15G	20.18 ✓	
	<i>0634-03</i>	<i>50G</i>	<i>47.45</i> * <i>CHK</i>	
DIPROLENE AF				
CREAM	0517-01	15G	20.18 ✓	
	<i>0517-04</i>	<i>50G</i>	<i>47.45</i> * <i>CHK</i>	
<u>BETAMETHASONE DIPROPIONATE</u>				
DIPROSONE				
AEROSOL 0.1%	0475-06	85G	18.46 ✓	
CREAM 0.05%	0853-02	15G	18.46 ✓	AB
	0853-03	45G	33.91 ✓	AB
LOTION 0.05%	0028-04	20ML	22.73 ✓	AB
	0028-06	60ML	44.80 ✓	AB
OINT. 0.05%	0510-04	15G	18.46 ✓	AB
	0510-06	45G	33.91 ✓	AB
<u>CEFTIBUTEN</u>				
<u>CEDAX</u>				
ORAL SUSPENSION				
90MG/5ML	0777-03	30ML	17.48 *	
90MG/5ML	0777-01	60ML	22.72 *	
90MG/5ML	0777-02	120ML	45.82 *	
<u>CEDAX</u>				
CAPSULES				
400MG	0691-01	20'S	94.76 *	
400MG	0691-02	100'S	467.66 *	
400MG/(10X4)	0691-03	PKG 40	192.83 *	
<u>CLOTRIMAZOLE</u>				
LOTTRIMIN				
CREAM	0613-02	15G	9.71 ✓	AT
	0613-05	30G	17.29 ✓	AT
	0613-04	45G	20.99 ✓	AT

*• NATIONAL
MARKET
STANDARD
• Reference*

hmoblu

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
LOTION	0707-02	30ML	18.61 ✓	AT
SOLUTION	0182-02	10ML	8.55 ✓	AT
	0182-04	30ML	17.78 ✓	AT

**CLOTRIMAZOLE &
BETAMETHASONE DIPROPIONATE**

LOTRISONE CREAM	0924-01	15G	15.86 ✓	
--------------------	---------	-----	---------	--

DEXCHLORPHENIRAMINE MALEATE, USP

POLARAMINE EXPECTORANT REPETABS	0268-05	473ML	47.38 ✓	
4MG	0095-03	100	59.11 ✓	
6MG	0148-03	100	82.63 ✓	
SYRUP	0016-05	473ML	36.74 ✓	AA
TABLETS (2MG)	0820-03	100	34.63 ✓	AA

DIAZOXIDE

HYPERSTAT 300MG	0201-05	20ML	81.53 ✓	AP
--------------------	---------	------	---------	----

DRUG DELIVERY SYSTEM

INSPIREASE Kit (1 Mthpc/3 Bags)	4602-02	1	15.44 ✓	
Replacement Bags	4602-03	3	8.33 ✓	
Replacement Bags	4602-70	144	268.06 ✓	
Replacement Mouthpieces	4604-01	144	552.92 ✓	
Replacement Mouthpiece	4604-02	1	11.15 ✓	

ETHINYL ESTRADIOL

ESTINYL TABLETS .02MG	0298-03	100	26.53 ✓	
	0298-06	250	62.45 ✓	
.05MG	0070-03	100	44.74 ✓	BP
	0070-06	250	104.48 ✓	BP
.5MG	0150-03	100	90.49 ✓	

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
-----------------------	-------------------	---------------------------	---------------------	--

FLUPHENAZINE

PERMITIL
CONCENTRATE
TABLETS
 2.5MG
 5MG
 10MG

0296-05	118ML	64.78 ✓	AA
0442-04	100	90.65 ✓	
0550-04	100	121.03 ✓	
0316-05	1000	1,436.57 ✓	

FLUTAMIDE**EULEXIN CAPSULES**

0525-06	180	243.20 ✓	
0525-05	500	675.84 ✓	
0525-03	100 U/D	143.19 ✓	

GRISEOFULVIN**FULVICIN P/G (Ultramicrosize)**

125MG	0228-03	100	38.27 ✓	AB
165MG	0654-03	100	55.26 ✓	AB
250MG	0507-03	100	75.12 ✓	AB
330MG	0352-03	100	95.39 ✓	AB

FULVICIN U/F (Microsize)

250MG	0948-03	60	39.15 ✓	AB
	0948-06	250	154.66 ✓	AB
500MG	0496-03	60	62.58 ✓	AB
	0496-06	250	246.98 ✓	AB

INTERFERON ALFA-2B**INTRON A**

3 MIL IU	0647-03	1ML	26.57 ✓	
3 MIL IU SYRINGE	0647-04	1ML	26.57 ✓	
3 MIL IU SYRINGE PAK	0647-05	1ML X 6	159.63 ✓	
5 MIL IU	0120-02	1ML	44.31 ✓	
5 MIL IU SYRINGE PAK	0120-05	1ML X 6	266.10 ✓	
10 MIL IU	0571-02	2ML	88.67 ✓	
10 MIL IU SYRINGE PAK	0571-06	2ML X 6	532.25 ✓	
10 MIL IU SOLUTION	0923-01	2ML	88.67 ✓	
18 MIL IU	1110-01	1ML	159.63 ✓	
18 MIL IU SOLUTION	0953-01	3ML	159.63 ✓	
25 MIL IU	0285-02	5ML	221.75 ✓	
25 MIL IU SOLUTION	0769-01	5ML	221.75 ✓	
50 MIL IU	0539-01	1ML	443.52 ✓	

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
<u>LABETALOL</u>				
<u>NORMODYNE INJECTION</u>				
20ML VIAL	0362-07	20ML	26.80 ✓	AP
40ML VIAL	0362-06	40ML	51.91 ✓	AP
4ML SYRINGE	0362-08	4ML	11.57 ✓	
8ML SYRINGE	0362-09	8ML	17.36 ✓	
<u>NORMODYNE TABLETS</u>				
100MG	0244-04	100	36.90 ✓	AB
	0244-05	500	175.09 ✓	AB
	0244-07	1000	322.87 ✓	AB
	0244-08	U/D 100	39.19 ✓	AB
200MG	0752-04	100	52.35 ✓	AB
	0752-05	500	248.68 ✓	AB
	0752-07	1000	458.41 ✓	AB
	0752-08	U/D 100	54.63 ✓	AB
300MG	0438-03	100	69.63 ✓	AB
	0438-05	500	330.68 ✓	AB
	0438-06	U/D 100	71.93 ✓	AB
<u>LORATADINE</u>				
<u>CLARITIN</u>				
10MG	0458-01	14	28.87 ✓	
	0458-03	100	155.06 ✓	
	0458-04	U/D 100	155.06 ✓	
	0458-06	500	775.27 ✓	
	0458-05	30	46.52 ✓	
<u>MOMETASONE FUROATE</u>				
<u>ELOCON</u>				
CREAM	0567-01	15G	12.94 ✓	
	0567-02	45G	24.89 ✓	
LOTION	0854-01	30ML	14.02 ✓	
	0854-02	60ML	26.76 ✓	
OINTMENT	0370-01	15G	12.94 ✓	
	0370-02	45G	24.89 ✓	
<u>NETILMICIN SULFATE</u>				
<u>NETROMYCIN INJECTION</u>				
150MG VIAL	0264-02	10 x 1.5ML	111.91 ✓	

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
-----------------------	-------------------	---------------------------	---------------------	--

NITROGLYCERIN**NITRO-DUR TRANSDERMAL**

.1MG/HR	3305-35	30 patches	33.83 ✓	
.2MG/HR	3310-35	30 patches	34.34 ✓	
.3MG/HR	3315-35	30 patches	38.48 ✓	
.4MG/HR	3320-35	30 patches	38.48 ✓	
.6MG/HR	3330-35	30 patches	41.73 ✓	
.8MG/HR	0819-35	30 patches	41.73 ✓	

PERPHENAZINE

TRILAFON CONCENTRATE	0363-02	118ML	31.77 ✓	
----------------------	---------	-------	---------	--

TRILAFON INJECTION 5MG/ML	0012-04	100 X 1ML	473.44 ✓	
---------------------------	---------	-----------	----------	--

TRILAFON TABLETS

2MG	0705-04	100	55.81 ✓	AB
4MG	0940-05	100	76.37 ✓	AB
8MG	0313-05	100	92.68 ✓	AB
16MG	0077-05	100	124.69 ✓	AB

PERPHENAZINE & AMITRIPTYLINE**ETRAFON**

TABS (2-10)	0287-04	100	58.66 ✓	BP
	0287-08	U/D 100	61.86 ✓	BP

ETRAFON

TABS (2-25)	0598-04	100	74.61 ✓	BP
	0598-08	U/D 100	77.74 ✓	BP

ETRAFON FORTE

TABS (4-25)	0720-04	100	81.04 ✓	BP
	0720-08	U/D 100	84.23 ✓	BP

POTASSIUM CHLORIDE**K-DUR TABS**

10MEQ	0263-01	100	18.79 ✓	
10MEQ	0263-81	100 U/D	19.47 ✓	
20MEQ	0787-01	100	32.56 ✓	
20MEQ	0787-81	100 U/D	35.28 ✓	

HMO BLUE
7/1/96 THROUGH 6/30/98
SCHERING OFFER# 0960131

<u>PRODUCT</u>	<u>NDC</u>	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>THERAPEUTIC EQUIVALENCE CODE</u>
----------------	------------	--------------------	--------------	-------------------------------------

SULFACETAMIDE SODIUM

SODIUM SULAMYD				
OPHTH. OINT. 10%	0066-03	3.5G*	13.72 ✓	AT
OPHTH. SOL. 10%	0946-03	25 X 5ML	327.88 ✓	AT
	0946-06	15ML	16.77 ✓	AT
OPHTH. SOL. 30%	0717-06	15ML	17.79 ✓	AT

* MAY BE PURCHASED ONLY IN MULTIPLES OF 6.

THEOPHYLLINE ANHYDROUS

THEO-DUR S/A TABS				
100MG	0487-01	100	15.21 ✓	AB
	0487-05	500	71.69 ✓	AB
	0487-10	1000	138.81 ✓	AB
	0487-50	5000	655.98 ✓	AB
	0487-81	U/D 100	22.79 ✓	AB
200MG	0933-01	100	22.65 ✓	AB
	0933-05	500	106.79 ✓	AB
	0933-10	1000	201.66 ✓	AB
	0933-50	5000	978.64 ✓	AB
	0933-81	U/D 100	28.25 ✓	AB
300MG	0584-01	100	26.90 ✓	AB
	0584-05	500	126.83 ✓	AB
	0584-10	1000	245.42 ✓	AB
	0584-50	5000	1161.76 ✓	AB
	0584-81	U/D 100	33.63 ✓	AB
450MG	0806-01	100	35.72 ✓	
	0806-81	U/D 100	44.66 ✓	

THEOPHYLLINE ANHYDROUS EXTENDED-RELEASE

UNI-DUR TABS			
400MG	0694-01	100	78.63 ✓
600MG	0814-01	100	85.97 ✓

Uni phyl

Get Info
- Pulmonary just